

① MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								D9060294			
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1											
2											
3											
4											
5											
6											
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50											
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

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						09060294				
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AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1			51			
102				1			52			
103				1			53			
104				1			54			
105				1			55			
106				1			56			
107				1			57			
108				1			58			
109				1			59			
110				1			60			
111				1			61			
112				1			62			
113				1			63			
114				1			64			
115				1			65			
116				1			66			
117				1			67			
118				1			68			
119				1			69			
120				1			70			
121				1			71			
122				1			72			
123				1			73			
124				1			74			
125				1			75			
126				1			76			
127				1			77			
128				1			78			
129				1			79			
130				1			80			
131				1			81			
132				1			82			
33							83			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS							TOTAL CLAIMS			